MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL 10/532344 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ˢᵗ AMENDMENT		AFTER 2ⁿᵈ AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	✓					
2		✓				
3		✓				
4	✓					
5		✓				
6	✓					
7	✓					
8		✓				
9		✓				
10		✓				
11		✓				
12	✓					
13		✓				
14		✓				
15	✓					
16		✓				
17		✓				
18	✓					
19	✓					
20	✓					
21	✓					
22	✓					
23	✓					
24		✓				
25		✓				
26	✓					
27		✓				
28		✓				
29		✓				
30		✓				
31		✓				
32		✓				
33		✓				
34	✓					
35	✓					
36		✓				
37		✓				
38	✓					
39		✓				
40	✓					
41		✓				
42		✓				
43	✓					
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	18	⇩		⇩		⇩
TOTAL DEP.	25	⇦		⇦		⇦
TOTAL CLAIMS	43					

	AS FILED		AFTER 1ˢᵗ AMENDMENT		AFTER 2ⁿᵈ AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
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97						
98						
99						
100						
TOTAL IND.		⇩		⇩		⇩
TOTAL DEP.		⇦		⇦		⇦
TOTAL CLAIMS						

PTO-1360

U.S. DEPARTMENT of COMMERCE